U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E OUNT		
1. File Number <b>U</b> - 7940	2. Fiscal Year Covered From:	
	6) / 6) / 200 Through: 12 / 31 / 200 4	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name KEVIN O' O'NUELL	Name NATIONAL ORGANIZATION OF INDUSTRIAL TELL SOF	
	Labor Organization File Number 000-165	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 208 OAK ST	Street 148-06 Hillside Avenue	
City Florar Pack	City Samarca	
State Ny ZIP Code +4 11001	State Ny ZIP Code + 4 LL-L3 C	
5. Position in labor organization.		
(except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Code + 4	Material or a second or a seco	
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		

718 - 291 - 3 43 9 Telephone Number

Name of Person Filing KEUIL O'DOUNCLL	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Kenin O. Donnell	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 208 OAK ST	<u></u>	
City FLORAL Paalc		
State ZIP Code +4 [ 150 ]		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name NOITU INDIVIDUAL ACCOURT PLAU	Courroller-	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 148-06 Hillsiac Auc	11.b. Approximate dollar value of such dealing.	
City Samarca	12.a. Nature of interest held or income received.	
State ZIP Code + 4 LL43	Savary, Bence 175.	
	12.b. Amount. 19950	
C. Received from any employer (other than an employer covered unde	er parts A and B above)	
or from any labor relations consultant to an employer any payment of money	or other thing of value.  14.a. Nature of payment.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name NOITU INDIVIDUAL ACCOUNT PLAN	Reinguesel Conferences	
Trade Name, if any:	2 Semioson incurred Arg	
P.O. Box, Bldg., Room No., if any	vuios Taustee	
Street 148-06 Hillsipe Ave	631185	
City JAMAKA		
State ZIP Code + 4 11 435		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing KEUILL O'DOWNELL	File Number U-	
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8. Name and address of Business (including trade name, if any).  Name	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. Is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Noity Insurance Trust Funs  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 148-06 Hillside Auc	Courellea	
	11.b. Approximate dollar value of such dealing.	
State Ny ZIP Code + 4 11435	12.a. Nature of interest held or income received.  SALARY, BELICE TO SALARY, BELICE	
	12.b. Amount. [142, 3.9]	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Worth Theorem Theorem Consultant Consultant (including trade name, if any)  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 148-06 Hillsing August	reparts A and B above) or other thing of value.  14.a. Nature of payment.  Reimoursel expenses  Incurred As correlation  Including educational	
State ZIP Code + 4 LL 435		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. 2134	

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8. Name and address of Business (including trade name, if any).  Name Guchbarder Tullick LLP  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street Peur Pear City  State ZIP Code + 4 1 D 119	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
	11.a. Nature of such dealing.		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Na 1 T J エリいのりな (Accouの Con)  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	PLAU AUDITAL		
	[ ]		
Street 148-06 Hillson Au	11 h Approvimate dollar value of such dealing		
Street 148-06 Hillsine Auc City Jamarca	11.b. Approximate dollar value of such dealing. QQQ		
City Jamana	12.a. Nature of interest held or income received.		
State AY ZIP Code + 4 11 425	12.a. Nature of interest held or income received.  ( O O L F ROUD)  12.b. Amount.  12.b. Amount.		
State ZIP Code + 4 11 YZS  C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.a. Nature of interest held or income received.  ( O O L F ROUD)  12.b. Amount.  12.b. Amount.		
State State ZIP Code + 4 11 425  C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone)	12.a. Nature of interest held or income received.  GOLF ROUG  12.b. Amount.  12.b. Amount.  95		
State State ZIP Code + 4 11425  C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mones 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.a. Nature of interest held or income received.  GOLF ROUGH  12.b. Amount.  45  er parts A and B above) or other thing of value.		
State State ZIP Code + 4 11 42 State ZIP Code	12.a. Nature of interest held or income received.  GOLF ROUGH  12.b. Amount.  45  er parts A and B above) or other thing of value.		
State State ZIP Code + 4 11 425  C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	12.a. Nature of interest held or income received.  GOLF ROUG  12.b. Amount.  12.b. Amount.  95		
State State ZIP Code + 4 11 YZ  C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone)  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	12.a. Nature of interest held or income received.  GOLF ROUGH  12.b. Amount.  45  er parts A and B above) or other thing of value.		
State	12.a. Nature of interest held or income received.  GOLF ROUG  12.b. Amount.  12.b. Amount.  95		

13.b. Is the Business an Employer

or Consultant

Name of Person Filing KEUID C Douncll	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwing an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indirectly with your labor organization or with a trust in which your labor organization.	se dealing with the business bly seeking to represent, or ectly to, or otherwise		
8. Name and address of Business (Including trade name, if any).  Name Amalgamako Bauk  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street II-IS UNION SQUARE  City New York  State Ny ZIP Code +4 1000 3	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  INVEST MEJT (JOSTAL)  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Holdey 6:55 BLAYEST		
	12.b. Amount. 33		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		